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ICANotes Behavioral Health EHR

Continue   Photo | Chart Details   **Haley, Shelly**   10000107
                                                    Patient's Name   48 Yrs   Patient's ID

Demographics   Go to E-Prescribe   DOB 4/17/1975

Anaphylactic Reaction Reported ☐   Patient Reviewed Demographics

| Patient Information | Insurance Information | Other Contacts |

*Name (F,M,L,Suffix)   **Shelly**   **Haley**   *Date of Birth **4/17/1975**   Age: **48**   *Date of Entry **6/13/2022**

☒ Homeless   Address   Unique Patient ID **1000010733986**

☐ Bad Address   Addr 2 / Appt #   County   🔍   *Gender **woman**   ∨   more   *Sex: **F**   Red fields are

☐ Sample Chart   City, State, Zip **Silver City**   **NM** ∨   Refer to patient as **Ms. Haley**   Extra Privacy

Best Phone   Home Phone   Country **US**   SSN # **568-35-1102**

○ Home   Cell Phone   Other Names   Alt. Patient ID   Room: MAR ☐   API /
○ Work
○ Cell   Work Phone   ext   Previous Address

Patient Status   Email   **Patient's Condition**

◉ Active   Email 2   Date Of Current Illness Onset 🗓   Date Of Similar Illness 🗓
○ Inactive
○ Pending   Portal ☐   Date of Current Admission: From   To

API ☐   Admitting DX

Appt Reminders via: ☐ Email ☐ Text Message ☐ Phone Message   Dates Unable To Work: From 🗓   To 🗓

Employment Status   ∨   Condition Related To Employment?   ○ Yes ◉ No

School or Employer   Condition Related To Auto Accident?   ○ Yes ◉ No   State Of Accident

Grade   ∨   Birth Order   Condition Related To Other Accident?   ○ Yes ◉ No

Marital Status   ∨   In treatment Previously? ○ Y ○ N   If yes, where?

Sexual Orientation   Multiple Birth ☐   Date Of Death 🗓 Preliminary Cause

*Ethnicity **Unknown**

Ethnicity 2   more

Religion   ∨

Annual Household Income   ∨

Family Size   Release ☐ of Info ▲▼   Adv. Dir. ☐

Veteran ○ Y ○ N

*Race **Unknown** ▼   Patient Calendar Note ▲▼   Miscellaneous Notes

Race 2   ▼

*Preferred Language   ▼

Disability   ▼   Custom Fields

Native American ○ Y ○ N Tribal Affiliation